South Carolina Department of Disabilities and Special Needs
Statement of Legal Responsibility for Respite Services

Participant's Name: _____

SSN: _____

Date of Birth: _____

Respite Care is defined as care provided to the DDSN participant in the absence of the caregiver or when the caregiver needs relief from the responsibilities of care giving. A participant's primary caregiver(s) cannot provide Respite. The primary caregiver(s) of the participant noted above is/are:

_____

_____

South Carolina Medicaid Policy prohibits anyone who is legally responsible for the health care decisions of another to be paid for rendering Respite Care to that person. If you are legally responsible for the health care decisions of the participant noted above, you cannot be paid for providing Respite Care.

By signing this statement you acknowledge that:

- you are <u>not</u> a primary caregiver of the participant noted above, AND
- you are <u>not</u> legally responsible for his/her health care decisions.

I am not a primary caregiver of the person noted above, and I am not legally responsible for the person noted above.

_____ _____
Signature Date

_____
Printed Name